

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED NOV 15 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36409

Registrar's No. 4295

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: KC TB Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mo. 10 da.
(Specify whether years, months or days)
In this community 22 years

3. (a) PRINT FULL NAME BROWN, LOUISE

3. (b) If veteran, name war None 3. (c) Social Security No. 39-074

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Brown, Robert 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased May 27 1914
(Month) (Day) (Year)

8. AGE: Years 34 Months 4 Days 24 If less than one day hr. min.

9. Birthplace Kansas City Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Mulholland, Otto

13. Birthplace No Record No Record
(City, town, or county) (State or foreign country)

14. Maiden name Matney, Edith

15. Birthplace KC Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant KC TB Hospital

(b) Address KC Mo

17. (a) Burial (b) Date thereof 10/25/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem. K. C. Kans.

18. (a) Signature of funeral director Walter J. Francis

(b) Address 1901 Olive Blvd. N. C. 71am

19. (a) 10-22-48 (b) Phaedra Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1841 - W. Pennington
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21
year 1948 hour 8 - minute 45 P.M.

21. I hereby certify that I attended the deceased from 6-11
1948 to 10-21 1948
that I last saw her alive on 10-21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory arrest

Due to Pulm tbc

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (e) Means of injury

23. Signature G. K. Landis (M. D., or other)

Address K. C. The Hosp. Date signed 10/24/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.